



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request;

Information Collection Request Title: Health Center Program Forms OMB No. 0915-0285

Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443-9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Health Center Program Forms, OMB No. 0915-0285 Revision.

Abstract: The Health Center Program, administered by HRSA, is authorized under section 330 of the Public Health Service (PHS) Act (42 USC 254b). Health centers are community-based and patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients regardless of their ability to pay. Nearly 1,400 health centers operate approximately 14,000 service delivery sites that provide primary health care to more than 30 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. HRSA uses forms for new and existing health centers and other entities to apply for various grant and non-grant opportunities, renew grant and non-grant designations, report progress, and change their scopes of project.

Need and Proposed Use of the Information: Health Center Program-specific forms are necessary for award processes and oversight of the Health Center Program and other relevant programs. These forms provide HRSA staff and objective review committee panels with information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for evaluating compliance with Health Center Program statutory and regulatory requirements. HRSA intends to make several changes to its forms:

- HRSA will modify the following forms to streamline and clarify data currently being collected: 1A, 1B, 1C, 2, 4, 6A, 8, Checklist for Adding a New Service, Checklist for Adding a New Service Delivery Site, Checklist for Adding a New Target Population, Checklist for Deleting Existing Service, Checklist for Deleting Existing Service Delivery Site, Expanded Services Patient Impact, Health Center Controlled Networks Progress Report, Native Hawaiian Health Care Improvement Act (NHHCIA) Non-Competing Continuation (NCC) Clinical and Financial Performance Measures, NHHCIA NCC Income Analysis Form, NHHCIA NCC Project Work Plan Progress Report, NHHCIA NCC Project Work Plan Update, Operational Plan, Project Narrative Update, Project Overview Form, Project Work Plan, and the Summary Page – Service Area Competition.

- HRSA will add forms necessary for funding applications and program monitoring: Applicant Qualification Criteria Form, Financial Performance Indicators, Funding Request Summary Form, fiscal year (FY) 2022 Accelerating Cancer Screening Progress Report, Patient Impact Form, Project Cover Page, Progress Report - Non-Capital Investments, School-Based Health Center Location Form, Quality Improvement Fund (QIF) Evaluative Measures Report, QIF Project Plan Form and QIF Progress Report.
- HRSA will remove forms to further streamline information collected by HRSA and reduce burden: Clinical Performance Measures, Diabetes Action Plan, Expanded Services, Financial Performance Measures, FY 2018 Expanding Access to Quality Substance Use Disorder – Mental Health Integrated Behavioral Health Services Progress Reporting, Health Center Program Supplemental Information, HRSA Electronic Handbooks Action Plan, and the Program Specific Form Instructions.

Likely Respondents: Health Center Program award recipients (those funded under section 330 of the PHS Act) and Health Center Program look-alikes, state and national technical assistance organizations, and other organizations seeking funding.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden – Hours:

| Form Name | Number of Respondents | Number of Responses | Total Responses | Average Burden per | Total Burden Hours |
|-----------|-----------------------|---------------------|-----------------|--------------------|--------------------|
|-----------|-----------------------|---------------------|-----------------|--------------------|--------------------|

| | | per Respondent | | Response (in hours) | |
|---|-------|-------------------|-------|------------------------|-------|
| Applicant Qualification Criteria Form | 500 | 1 | 500 | 1.00 | 500 |
| Capital Semi Annual Progress Report | 1,317 | 2 | 2,634 | 1.00 | 2,634 |
| Checklist for Adding a New Service | 450 | 1 | 450 | 2.00 | 900 |
| Checklist for Adding a New Service Delivery Site | 1,480 | 1 | 1,480 | 2.00 | 2,960 |
| Checklist for Adding a New Target Population | 100 | 1 | 100 | 2.00 | 200 |
| Checklist for Deleting Existing Service | 500 | 1 | 500 | 2.00 | 1,000 |
| Checklist for Deleting Existing Service Delivery Site | 750 | 1 | 750 | 2.00 | 1,500 |
| Environmental Information and Documentation | 750 | 1 | 750 | 0.50 | 375 |
| Equipment List | 1,375 | 1 | 1,375 | 0.50 | 688 |
| Expanded Services Patient Impact | 996 | 1 | 996 | 1.00 | 996 |
| Federal Object Class Categories Form | 735 | 1 | 735 | 0.25 | 184 |
| Financial Performance Indicators | 20 | 1 | 20 | 1.00 | 20 |
| Form 12: Organization Contacts | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 1A: General Information Worksheet | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 1B: Funding Request Summary | 1,000 | 1 | 1,000 | 0.75 | 750 |
| Form 1C: Documents on File | 1,058 | 1 | 1,058 | 0.50 | 529 |
| Form 2: Staffing Profile | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 3: Income Analysis | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 3A: Look-Alike Budget Information | 50 | 1 | 50 | 1.00 | 50 |
| Form 4: Community Characteristics | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 5A: Services Provided | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 5B: Service Sites | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 5C: Other Activities/Locations | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 6A: Current | 1,058 | 1 | 1,058 | 1.00 | 1,058 |

| | | | | | |
|--|-------|---|-------|------|-------|
| Board Member Characteristics | | | | | |
| Form 6B: Request for Waiver of Board Member Requirements | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Form 8: Health Center Agreements | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Funding Request Summary Form School-Based Health Center | 500 | 1 | 500 | 0.50 | 250 |
| Funding Sources | 735 | 1 | 735 | 0.50 | 368 |
| FY2020 Ending the HIV Epidemic Primary Care HIV Prevention PCHP Progress Reporting | 182 | 1 | 182 | 1.00 | 182 |
| FY2022 Accelerating Cancer Screening Progress Report | 10 | 1 | 10 | 1.50 | 15 |
| Health Center Controlled Networks Progress Report | 90 | 1 | 90 | 1.00 | 90 |
| Health Center Program Progress Report | 735 | 1 | 735 | 1.00 | 735 |
| HRSA Loan Guarantee Program Application | 20 | 1 | 20 | 1.00 | 20 |
| NHHCIA NCC Clinical Performance Measures | 6 | 1 | 6 | 1.50 | 9 |
| NHHCIA NCC Financial Performance Measures | 6 | 1 | 6 | 0.50 | 3 |
| NHHCIA NCC Income Analysis Form | 6 | 1 | 6 | 0.15 | 1 |
| NHHCIA NCC Project Work Plan Progress Report | 6 | 1 | 6 | 0.15 | 1 |
| NHHCIA NCC Project Work Plan Update | 6 | 1 | 6 | 0.15 | 1 |
| Operational Plan | 500 | 1 | 500 | 3.00 | 1,500 |
| Other Requirements for Sites | 600 | 1 | 600 | 0.50 | 300 |
| Participating Health Centers List | 90 | 1 | 90 | 1.00 | 90 |
| Patient Impact Form | 500 | 1 | 500 | 1.00 | 500 |
| Patient Target and Calculations | 1,058 | 1 | 1,058 | 1.00 | 1,058 |
| Progress Report - | 1,400 | 4 | 5,600 | 1.50 | 8,400 |

| | | | | | |
|--|---------------|---|---------------|------|---------------|
| Non-Capital Investments | | | | | |
| Project Cover Page | 735 | 1 | 735 | 1.00 | 735 |
| Project Narrative Update | 883 | 1 | 883 | 4.00 | 3,532 |
| Project Overview Form | 182 | 1 | 182 | 1.00 | 182 |
| Project Plan | 182 | 3 | 546 | 1.50 | 819 |
| Project Qualification Criteria | 735 | 1 | 735 | 1.00 | 735 |
| Project Work Plan | 135 | 1 | 135 | 4.00 | 540 |
| Proposal Cover Page | 735 | 1 | 735 | 1.00 | 735 |
| QIF Evaluative Measures Report | 12 | 1 | 12 | 1.50 | 18 |
| QIF Progress Report | 12 | 1 | 12 | 1.50 | 18 |
| QIF Project Plan Form | 100 | 1 | 100 | 1.00 | 100 |
| Summary Page (New Access Point-Funding Type) | 500 | 1 | 500 | 1.00 | 500 |
| Summary Page Service Area Competition | 450 | 1 | 450 | 0.50 | 225 |
| Total | 33,830 | | 39,711 | | 46,586 |

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022-22510 Filed: 10/14/2022 8:45 am; Publication Date: 10/17/2022]